



Vermont Agency of Agriculture, Food & Markets

116 State St
Montpelier VT 05620-2901
802-828-2431
www.vermontagriculture.com

APPLICATION FOR A CERTIFICATE TO APPLY PESTICIDES

Application is hereby made for a certificate to apply pesticides under the provisions of 6 V.S.A Chapter 87 and regulations pertaining to the categories indicated below. A \$25.00 fee for each category must accompany this application, with a maximum of \$100.00. Federal, State and Municipal employees are EXEMPT from this fee.

APPLICATOR INFORMATION *(print clearly in ink)*

Applicator # (for office use only) _____

First Name:	Middle Initial:	Last Name:	Suffix: (Jr., Sr., III, etc.)
Address line 1:			
Address line 2:			
Town:		State:	Zip:
Phone:	Gender: M <input type="checkbox"/> F <input type="checkbox"/>	Date of Birth:	
Email:			

EMPLOYER/COMPANY INFORMATION

Company # (for office use only) _____

Company/Organization Name:		
Address line 1:		
Address line 2:		
Town:	State:	Zip:
Employer Phone:		
Company Email:		

I have read and understand 6 V.S.A. Chapter 87, Section 1104 of the Vermont law and regulations promulgated thereunder which govern the use and sale of pesticides and agree not to apply pesticides on a commercial basis without first obtaining a company license or employment with a company holding a valid license, as required by the Vermont Regulations for Control of Pesticides.

CERTIFICATION OF COMPLIANCE WITH 15 V.S.A SECTION 795 AND 32 VSA SECTION 3113

I hereby certify that I am in good standing with respect to any obligations for child support and, that under the pains and penalties of perjury, I am in good standing with respect to, or in full compliance with, a plan approved by the Commissioner of Taxes to pay any and all taxes due to the State of Vermont as of the date of this application.

SIGNATURE: _____ Date: _____

IF YOU ARE NOT IN GOOD STANDING AT THIS TIME, DISCONTINUE THIS APPLICATION AND CONTACT THE COMMISSIONER OF THE VERMONT DEPT. OF SOCIAL WELFARE OR THE VERMONT DEPT. OF TAXES FOR FURTHER INFORMATION ON BRINING YOURSELF INTO GOOD STANDING.

FOR OFFICE USE ONLY		<input type="checkbox"/> New <input type="checkbox"/> Adding Category <input type="checkbox"/> Changing Company <input type="checkbox"/> Renewing with exams <input type="checkbox"/> Reciprocal (state _____) <input type="checkbox"/> Invoiced	
<input type="checkbox"/> Commercial <input type="checkbox"/> Non-Commercial <input type="checkbox"/> Government (fee exempt)	1a – Ag. Plant 1b – Ag. Animal 2 – Forest Pest 3a – Orn & Sh Tree 3b - Turf 4 – Seed	5 - Aquatic 6 – ROW 7a – Structural 7b – Mosquito 7c – Food Proc 7d – Wood Pres	7e – Cooling Tower 10 – Dem & Res. 11 – Aerial _____ Retake Fees (\$25 ea)
Date _____ Amount _____ Cash <input type="checkbox"/> Check <input type="checkbox"/> Name _____ Usage Rpt _____ Initials _____			